

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

						SERIAL NO.		FILING DATE	
						985105			
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2					TOTAL IND.			
TOTAL DEP.	18	↔	↔	↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	20	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████